

() APPLICATION FOR ENFORCEMENT OF AGENCY ACTION
() PETITION FOR REVIEW OF AGENCY ACTION

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| TITLE OF ACTION, IN FULL | | <u>AGENCY DISPOSITION</u> Name of Agency: Agency case number: Date order entered: Court of Appeals Jurisdiction: ____U.S.C.A.____ If petitioner is not a party to agency proceedings, specify standing: Has this matter been before this Court previously? ()Yes ()No If yes, state Case Name: Citation: Case Number: | |
| v. | Petitioner(s) | | |
| | Respondent(s) | | |
| ATTORNEYS | NAMES | ADDRESSES | TELEPHONE |
| Petitioner: | | | |
| Respondents: | | | |
| NATURE OF ORDER OF WHICH REVIEW OR ENFORCEMENT IS SOUGHT () Administrative Regulation/Rulemaking () Routes: Communication/Commerce () Benefits Review () Tariffs () Health and Safety () Unfair Labor Practice () Immigration () Employer () Other (Specify) () Union | | | |
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CONCISE DESCRIPTION OF PROCEEDINGS BELOW AND ORDER TO BE REVIEWED OR ENFORCED. (Note those parts for the order from which relief is sought):

ISSUES PROPOSED TO BE RAISED ON PETITION OR APPLICATION:

RELIEF SOUGHT:

To your knowledge, is there any case now pending or about to be brought before this court or any other court or administrative agency which:

Arises from substantially the same case or controversy as this action? ()Yes ()No

Involves an issue that is substantially the same, similar or related to an issue in this action? ()Yes ()No

If "yes" to either question, provide:

Case Name:

Agency:

Citation:

Case Number:

This is to certify that this Pre-argument Statement was mailed to the Clerk of the United States Court of Appeals for the Sixth Circuit and a copy served on each party or their counsel of record this____day of_____, 19____.

Signature of Counsel